

whole blood is used for feline FeLV-FIV tests



Vetscan®

**FeLV-FIV Rapid Test**

for the Qualitative Detection of FeLV Antigen  
and FIV Antibodies in Feline Whole Blood,  
Serum or Plasma

**Kit Contents**

- 25 Test Devices
- 1 FeLV Chase Buffer Bottle
- 1 FIV Chase Buffer Bottle
- 1 Package Insert
- 25 Transfer Pipettes



**REF 250-0000-25**



**FOR VETERINARY USE ONLY**

**[IVD]**

**ABAXIS**

250-0000-25

Rev. B

Distributed By:  
Abaxis, Inc.  
3240 Whipple Rd.  
Union City, CA 94587  
800-822-2947

**ECI/EP**

Abaxis Europe GmbH  
Bunzenstr. 9-11  
64347 Gräfelfing  
Germany  
49 89 780 210

**VETERINARY HOSPITAL / VETMOBILE**  
1501 Wagstaff Rd.  
Paradise, CA 95969  
(530) 877-3000

*Animal Hospital on the Ridge & The VetMobile*

1509 Wagstaff Road  
Paradise, CA 95969  
(530) 877-3000

**2019 PASH (# 14504)**  
(None),

**Feb 08, 2019**  
**Invoice Number**  
**44139**

**River (# A)**

Species: Feline  
Sex: Male Neutered  
Age: 8 years and 2 months old  
Breed: DSH  
Coat Color: Chocolate Point  
Weight: 0 lbs.

<b>Date</b>	<b>Description</b>	<b>Qty</b>	<b>Price</b>
02/01/2019	Exam - Courtesy	1.00	\$ 0.00
		<b>Total for River:</b>	<b>\$ 0.00</b>
Dr. Dalia Mathan		<b>Total Invoice:</b>	<b>\$ 0.00</b>
		<b>Previous Balance:</b>	<b>\$ 0.00</b>
		<b>Total Amount Due:</b>	<b>\$ 0.00</b>
		<b>New Balance Due:</b>	<b>\$ 0.00</b>

OWNER	(LAST)	(FIRST)	PHONE	H W	CLIENT #	PATIENT CODE
River	#14504A	MN	DSH		Choc pt W/ white	~8 ~2011
PET NAME	SEX	BREED	COLOR	DOB		

DATE	TREATMENT	CHG	PAID	BAL
1/31/19	Exam- (V) blood for ~24hrs			

10.2 S. BAR

① H + L chy  
Clear + neodysian chy  
Eyes Clear  
light tan  
Cough somewhat dry + matted  
Ears shiny

Clear nasal normal  
mild ↑ RBC + FCS

Bad S soft nonexpansile

4 vomiting blood cause unknown

#### PHYSICAL EXAM CHECKLIST

1) GENERAL APPEARANCE	2) INTEGUMENTARY	3) MUSCULOSKELETAL
<input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL	<input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> ABNORMAL	<input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL
4) RESPIRATORY	5) DIGESTIVE	6) GENITOURINARY
<input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL	<input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> ABNORMAL	<input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL
7) EARS	8) URINARY SYSTEMS	9) LYMPH NODES
<input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL	<input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL	<input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL
10) EYES	11) CIRCULATORY	12) MUCOUS MEMBRANES
<input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> ABNORMAL	<input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL	<input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL

T P R W

P 150ml LPS SC  
4.5mg Cevuna SI  
keep ON to mouth

1/1/19 No ① or ② but also  
no appetite at first  
will eat some and  
no ③ no vomit or diarrhea  
back to shelter on fly

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**2019 PASH (# 14504)**  
(None),

**Feb 14, 2019**  
**Invoice Number**  
**44200**

**Stray (Found After Fire) (# B)**

Species: Feline  
Sex: Male  
Age:  
Breed: DSH  
Coat Color: (None)  
Weight: 0 lbs.

Date	Description	Qty	Price
02/08/2019	Exam - Courtesy	1.00	\$ 0.00
	Subcutaneous Fluids	1.00	\$ 25.00
	Convenia inj per ml	0.50 ml	\$ 34.00
<b>Total for Stray (Found After Fire):</b>		<b>\$</b>	<b>59.00</b>
Dr. Dalia Mathan		<b>Total Invoice:</b>	<b>\$ 59.00</b>
		<b>Previous Balance:</b>	<b>\$ 0.00</b>
		<b>Total Amount Due:</b>	<b>\$ 59.00</b>
		<b>Check(2878)</b>	<b>\$ 59.00</b>
<b>Total Payments - Thank you:</b>		<b>\$</b>	<b>59.00</b>
		<b>New Balance Due:</b>	<b>\$ 0.00</b>

OWNER (LAST) (FIRST) PHONE CLIENT # PATIENT CODE

Forrest #14504C MN? DSH | Blk/wht

PET NAME SEX BREED COLOR DOB

DATE TREATMENT CHG PAID BAL

2/14/19-Exam-NDL Lethargic. 3 wks at shelter  
no specific symptoms

Sut C. PSSR

① Mild dehydration  
lots of mucus  
+ carious teeth

H + L dry

eyes fa. 1/2  
bladder small + sensitive

1/2 dry  
Coat poorly groomed  
BCS 4/5

Chew panel BUN = 5 low  
G/dark hair of a

all else dry

CBC unremarkable

Felt Nox fin Neg

A Dx open stress?  
FLUTD?

P Abuse ✓ wrong ± try  
pain meds + fluids

JB

PHYSICAL EXAM CHECKLIST

1) GENERAL APPEARANCE	2) INTEGUMENTARY	3) MUSCULOSKELETAL
□ NORMAL <input checked="" type="checkbox"/> ABNORMAL	□ NORMAL <input checked="" type="checkbox"/> ABNORMAL	□ NORMAL <input checked="" type="checkbox"/> ABNORMAL
4) RESPIRATORY	5) DIGESTIVE	6) GENITOURINARY
□ NORMAL <input checked="" type="checkbox"/> ABNORMAL	□ NORMAL <input checked="" type="checkbox"/> ABNORMAL	□ NORMAL <input checked="" type="checkbox"/> ABNORMAL
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□ NORMAL <input checked="" type="checkbox"/> ABNORMAL	□ NORMAL <input checked="" type="checkbox"/> ABNORMAL	□ NORMAL <input checked="" type="checkbox"/> ABNORMAL

1 P R W

*Animal Hospital on the Ridge & The VetMobile*

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**2019 PASH (# 14504)**

(None),

**Mar 18, 2019**

**Invoice Number**

**OPEN: 0**

**Jose (# H)**

Species: Feline  
Sex: Male Neutered  
Age: 1 year old  
Breed: DSH  
Coat Color: Badger/White  
Weight: 0 lbs.

Date	Description	Qty	Price
03/07/2019	Exam - additional animal 1	1.00	\$ 37.00
	Convenia inj per ml	0.40 ml	\$ 34.00
	BNP Opth. Oint.	1.00 Tab	\$ 24.00
<b>Total for Jose:</b>			<b>\$ 95.00</b>

**Lane (# G)**

Species: Feline  
Sex: Male Neutered  
Age: 1 year old  
Breed: DMH  
Coat Color: Black  
Weight: 0 lbs.

Exam Annual: 03/05/2020

Date	Description	Qty	Price
03/07/2019	Exam	1.00	\$ 47.00
	Convenia inj per ml	0.45 ml	\$ 34.00
	BNP Opth. Oint.	1.00 Tab	\$ 24.00
<b>Total for Lane:</b>			<b>\$ 105.00</b>
<b>Total Invoice:</b>			<b>\$ 200.00</b>

Dr. Dalia Mathan

OWNER	(LAST)	(FIRST)	PHONE	CLIENT #	PATIENT CODE
Lane #44504G		NM	DSH	Black	1-2 yr
PET NAME	SEX	BREED	COLOR	DOB	

DATE: 7/17/94 TREATMENT: Exam DR  
 has been at shelter 1 mo  
 UR symptoms started after neuter  
 Lactating Gray  
 S. BKT  
 O Mild UR noise  
 lungs clear  
 Oral exam dry  
 Mild conjunctivitis  
 + mild nasal discharge  
 Heart: rhythmic  
 Ears: clear

#### PHYSICAL EXAM CHECKLIST

1) GENERAL APPEARANCE	2) INTEGUMENTARY	3) MUSCULOSKELETAL
<input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM	<input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM	<input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM
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P R W

A DR

P 3 day Canned SC

Rx ZNTP 00 3/2 a  
 applied adx until

DR

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**2019 PASH (# 14504)**

(None),

**Mar 18, 2019**

**Invoice Number**

**OPEN: 0**

**Jose (# H)**

Species: Feline

Sex: Male Neutered

Age: 1 year old

Breed: DSH

Coat Color: Badger/White

Weight: 0 lbs.

Date	Description	Qty	Price
03/07/2019	Exam - additional animal 1	1.00	\$ 37.00
	Convenia inj per ml	0.40 ml	\$ 34.00
	BNP Opth. Oint.	1.00 Tube	\$ 24.00
<b>Total for Jose:</b>			<b>\$ 95.00</b>

**Lane (# G)**

Species: Feline

Sex: Male Neutered

Age: 1 year old

Breed: DMH

Coat Color: Black

Weight: 0 lbs.

**Exam Annual: 03/05/2020**

Date	Description	Qty	Price
03/07/2019	Exam	1.00	\$ 47.00
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Dr. Dalia Mathan

OWNER

(LAST)

(FIRST)

H  
W

PHONE

CLIENT #

PATIENT CODE

PET NAME

SEX

BREED

COLOR

DOB

Jose #14504 H NM DMIT

Bluen

2-3 yr?

DATE	TREATMENT												
3/1/11	<p>Exam U.P.T.</p> <p>q has been at shelter (no not eating well slight wt today)</p> <p>S BTR</p> <p>O off flea dirt</p> <p>H + t chy</p> <p># nasal + ocular discharge</p> <p>cat fact</p> <p>BCG 4.5 kg</p> <p>off redness in throat</p> <p>A URI w/ conjunctivitis +</p> <p>oral inflammation</p> <p>Fleas</p> <p>P. 32 my concern S</p> <p>Rx BNP 00 BID OU</p> <p>Applied ody mult</p>												
	<p><b>PHYSICAL EXAM CHECKLIST</b></p> <table border="1"> <tbody> <tr> <td>1) GENERAL APPEARANCE <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM</td> <td>2) INTEGUMENTARY <input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> ABNORM</td> <td>3) MUSCULOSKELETAL <input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> ABNORM</td> </tr> <tr> <td>4) RESPIRATORY <input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> ABNORM</td> <td>5) DIGESTIVE <input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> ABNORM</td> <td>6) GENITOURINARY <input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> ABNORM</td> </tr> <tr> <td>7) EARS <input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> ABNORM</td> <td>8) NEURAL SYSTEMS <input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> ABNORM</td> <td>9) LYMPH NODES <input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> ABNORM</td> </tr> <tr> <td>10) EYES <input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> ABNORM</td> <td>11) CIRCULATORY <input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> ABNORM</td> <td>12) MUCOUS MEMBRANES <input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> ABNORM</td> </tr> </tbody> </table> <p>T P R W</p>	1) GENERAL APPEARANCE <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM	2) INTEGUMENTARY <input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> ABNORM	3) MUSCULOSKELETAL <input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> ABNORM	4) RESPIRATORY <input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> ABNORM	5) DIGESTIVE <input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> ABNORM	6) GENITOURINARY <input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> ABNORM	7) EARS <input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> ABNORM	8) NEURAL SYSTEMS <input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> ABNORM	9) LYMPH NODES <input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> ABNORM	10) EYES <input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> ABNORM	11) CIRCULATORY <input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> ABNORM	12) MUCOUS MEMBRANES <input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> ABNORM
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